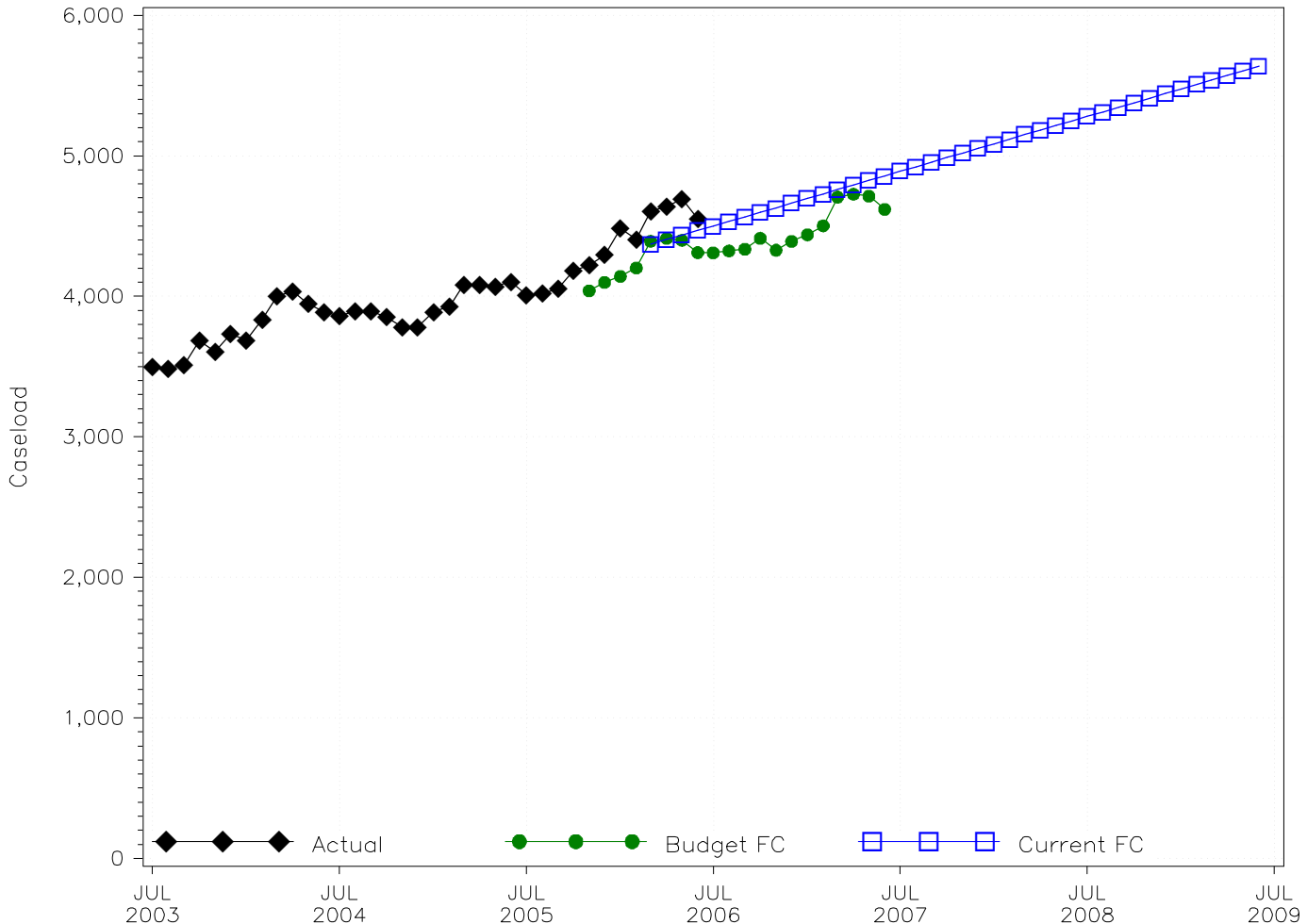


Health and Recovery Services Alcohol and Drug Addiction Support Act (ADATSA) CFC Monthly Monitoring Report

The **Alcohol and Drug Addiction Treatment Support Act (ADATSA)** medical forecast consists of persons incapacitated from drug or alcohol abuse who are eligible for limited medical coverage.



Month	Actual	Budget Forecast (Feb 06 Forecast)	Budget Forecast Variance (Feb 06 Forecast)		Current Forecast (Jun 06 Forecast)	Current Forecast Variance (Jun 06 Forecast)	
			N	%		N	%
NOV 2005	4,219	4,040	179	4.4%	-	-	-
DEC 2005	4,295	4,099	196	4.7%	-	-	-
JAN 2006	4,482	4,142	340	8.2%	-	-	-
FEB 2006	4,407	4,202	205	4.8%	-	-	-
MAR 2006	4,607	4,393	214	4.8%	4,372	235	5.3%
APR 2006	4,636	4,413	223	5.0%	4,404	232	5.2%
MAY 2006	4,694	4,399	295	6.7%	4,437	257	5.7%
JUN 2006	4,553	4,312	241	5.5%	4,469	84	1.8%

Source: HRSA Incurred Expense Report (IER)

Health and Recovery Services

Alcohol and Drug Addiction Support Act (ADATSA)

CFC Monthly Monitoring Report

Descriptions:

- **Actuals:** The number of clients eligible at any time during the month and are lag adjusted up to 24 months and the most recent two months of data are not shown.
- **Budget Forecast:** Caseload forecast adopted by the Caseload Forecast Council to serve as the basis for the biennial or supplemental budget. The actual budget may incorporate adjustments to this forecast to reflect legislation and policy decisions by the legislature subsequent to the development of the forecast.
- **Current Forecast:** Most recent forecast adopted by the Caseload Forecast Council; may be the same as the Budget Forecast.

Disclaimer of Liability:

Although the Washington State Caseload Forecast Council does all that it can to assure the accuracy of its forecasts and the data on which its forecasts are based, no warranty expressed or implied is made regarding accuracy, adequacy, completeness, legality, reliability, or usefulness of any information contained herein. This disclaimer applies to both isolated and aggregate uses of the information. If you find any errors or omissions, we encourage you to report them to the Caseload Forecast Council.